



Complete Summary

TITLE

Preventive care and screening: percentage of patients who received an influenza immunization during the one-year measurement period.

SOURCE(S)

Physician Consortium for Performance Improvement™. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 13 p. [11 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged greater than or equal to 50 years who received an influenza immunization during the one-year measurement period.

RATIONALE

According to Centers for Disease Control and Prevention and United States Preventive Services Task Force guidelines, annual influenza immunization is recommended for all groups who are at increased risk for complications from influenza including persons aged greater than or equal to 50 years.

PRIMARY CLINICAL COMPONENT

Influenza immunization

DENOMINATOR DESCRIPTION

All patients aged greater than or equal to 50 years of age at the beginning of the one-year measurement period

NUMERATOR DESCRIPTION

Patients who received an influenza immunization

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Using live, attenuated influenza vaccine for prevention and control of influenza: supplemental recommendations of the Advisory Committee on Immunization Practices \(ACIP\).](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Health Interview Survey: Data tables for figures 4.1-4.3. [internet]. Hyattsville (MD): National Center for Health Statistics; 2002[cited 2003 Mar 01].

State of Use of the Measure

STATE OF USE

Pilot testing

CURRENT USE

External oversight/Medicare
Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Community Health Care
Managed Care Plans
Physician Group Practices/Clinics
Rural Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 50 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Approximately 95 million cases of influenza are reported in the United States annually.

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not receiving influenza immunization. It has been reported that:

- In 2002, only approximately 35% of adults aged 50 to 64 years had received an influenza immunization during the past 12 months.
- In 2002, approximately 67% of adults aged 65 years and older had not received an influenza immunization during the past 12 months.

EVIDENCE FOR INCIDENCE/PREVALENCE

Influenza. [internet]. Atlanta (GA): Centers for Disease Control and Prevention; 2001[cited 2003 Mar 01].

National Health Interview Survey: Data tables for figures 4.1-4.3. [internet]. Hyattsville (MD): National Center for Health Statistics; 2002[cited 2003 Mar 01].

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Burden of Illness" field.

BURDEN OF ILLNESS

Approximately 36,000 individuals die from influenza-related complications in the United States annually.

Influenza immunizations can prevent up to 50% to 60% of hospitalizations and 80% of deaths from influenza-related complications among the elderly.

EVIDENCE FOR BURDEN OF ILLNESS

CDC finds annual flu deaths higher than previously estimated [press release]. [internet]. Atlanta (GA): Centers for Disease Control and Prevention; 2003 Jan 7[cited 2003 Mar 01].

Facts about influenza for adults. [internet]. Bethesda (MD): National Coalition for Adult Immunization; 2002 Jul 1[cited 2003 Mar 01].

Thompson WW, Shay DK, Weintraub E, Brammer L, Cox N, Anderson LJ, Fukuda K. Mortality associated with influenza and respiratory syncytial virus in the United States. JAMA 2003 Jan 8; 289(2): 179-86. [PubMed](#)

UTILIZATION

Unspecified

COSTS

The total direct and indirect costs of influenza in the United States are estimated at more than \$12 billion annually.

EVIDENCE FOR COSTS

Facts about influenza for adults. [internet]. Bethesda (MD): National Coalition for Adult Immunization; 2002 Jul 1[cited 2003 Mar 01].

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged greater than or equal to 50 years of age at the beginning of the one-year measurement period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged greater than or equal to 50 years of age at the beginning of the one-year measurement period

Exclusions

Documentation of medical reason(s)* for not providing immunization;
documentation of patient reason(s)** for declining immunization

*Specify medical reasons (e.g., egg allergy) for not providing immunization.

**Specify patient reasons (e.g., economic, social, religious) for declining immunization.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who received and influenza immunization

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS,
ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

None

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Influenza immunization (adult).

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

MEASURE SET NAME

[Physician Consortium for Performance Improvement: Preventive Care and Screening Physician Performance Measurement Set](#)

MEASURE SUBSET NAME

[Physician Consortium for Performance Improvement Clinical Performance Measures: Preventive Care and Screening - Adult Influenza Immunization](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement

DEVELOPER

Physician Consortium for Performance Improvement

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

REVISION DATE

2005 Aug

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

SOURCE(S)

Physician Consortium for Performance Improvement™. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 13 p. [11 references]

MEASURE AVAILABILITY

The individual measure, "Influenza Immunization (Adult)," is published in the "Clinical Performance Measures: Preventive Care and Screening." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 13, 2004. This NQMC summary was updated by ECRI on September 28, 2005. The information was verified by the measure developer on November 8, 2005.

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